



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

NOV - 5 2003

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Ivoclar Vivadent, Incorporated  
Ms. Donna Maria Hartnett  
Director of Quality Assurance/ Regulatory Affairs and Assistant Corporate Counsel  
175 Pineview Drive  
Amherst, New York 14228

Re: K032470  
Trade/Device Name: Multilink  
Regulation Number: 872.3275  
Regulation Name: Dental Cement  
Regulatory Class: II  
Product Code: EMA  
Dated: August 6, 2003  
Received: August 16, 2003

Dear Ms. Hartnett:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4613. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

A handwritten signature in black ink, appearing to read "Patricia Cicentoff".

Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital,

Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

K032470

510(k) Number (if known): Pending

Device Name: Multilink

Indications For Use:

Multilink® is a self-curing and self-etching luting composite system for the adhesive luting of indirect restorations made of metal, metal-ceramic, all-ceramic and composite.

It is Contraindicated if the patient has allergies to any ingredient; and no direct application on pulpa-near dentin or on the open pulp or irritations of the pulp may occur.



(Division Sign-Off)  
Division of Anesthesiology, General Hospital,  
Infection Control, Dental Devices

510(k) Number: K032470

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF  
NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ☒  
(Per 21 CFR 801.109)

OR Over-The-Counter Use ☐

(Optional Format 1-2-96)